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DATE:

April 21, 2005

PTO IDENTIFIER:

Application Number 10/618,751-Conf. #6935

Patent Number

Inventor:

Maria Ronay

MESSAGE TO:

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FROM:

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Burton A. Amernick

PHONE:

(202) 331-7111

Attorney Dkt. #:

20140-00296-US2

PAGES (Including Cover Sheet): 5

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Certificate of Transmission (1 page)

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1990 M Street, N.W., Suite 800, Washington, DC 20036-3425 Telephone: (202) 331-7111 Facsimile: (202) 293-6229

PTO/SB/97 (09-04)

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PTO/SB/17 (12-04v2)

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unloss it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/618,751-Conf. #6935 colidated Appropriations Act, 2005 (H.R. 4918). Application Number TRANSMITTAL Filing Date July 15, 2003 Maria Ronay First Named Inventor For FY 2005 Examiner Name Maurina T. Rachuba Applicant claims small entity status. See 37 CFR 1.27 JinU JiA 20140-00296-US2 TOTAL AMOUNT OF PAYMENT 120.00 Altorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Connolly Bove Lodge & Hutz LLP Deposit Account Deposit Account Number: 22-0185 Deposit Account Name: X For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) Indicated below Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity** Small Entity Small Entity Fees Paid (S) Fee (\$) Application Type Fee (\$) Fee (\$) Feo (\$) Fee (\$) Fee (\$) 200 300 150 500 250 100 Utility 130 65 200 100 100 50 Design 150 160 80 200 100 300 Plant 600 300 250 500 300 150 Reissue 0 200 100 0 0 ٥ **Provisional** 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 Each independent claim over 3 (including Reissues) 100 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) 11____--20 =_ Feo (\$) Indep. Claims Fee Paid (\$) Extre Claims 2 -3= 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Total Sheets (round up to a whole number) X ___ /50 - 100 = 4, OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fce (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120,00 SUBMITTED BY Registration No 24.852 Telephone (202) 331-7111 (Altomey/Agent) Date April 21, 2005 Name (PrinVType) Burton A. Amernick

PTC/SB/22 (12-04)
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|---|--------------------------|----------------|--------------|-------------------|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 | Docket Number (Optional) | | | | | |
| FY 2005 | 20140-00296-US2 | | | | | |
| (Fees pursuant to the Consolidated Appropriations Act, 20 | ļ <u> </u> | | | | | |
| Application Number 10/618,751 Conf. # | 6935 | Filed | July 15, 20 | 03 | | |
| For POLISHING COMPOSITIONS AND USE THEREOF | | | | | | |
| Art Unit 3723 | | Examiner | Maurina T. F | Rachuba | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | |
| | Fee | Small Entity | Fee | | | |
| × One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | 120.00 | | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | | | |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | | | |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | | | |
| Five months (37 CFR 1.17(a)(5)) | 52160 | \$1080 | \$ | | | |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | | | |
| A check in the amount of the fee is enclosed. | | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| X The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or clean any overpayment, to Deposit Account Number 22-0185 . I have enclosed a duplicate copy of this sheet. | | | | | | |
| | | | | | | |
| <u> </u> | | | | | | |
| t am the applicant/inventor. | | | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | |
| attorney or agent of record. Registration Number | | | | | | |
| x attorney or agent under 37 CFI | R 1.34. | | | | | |
| Repistretion number if acting un | | 24,85 | 2 | | | |
| 1 (/ Luly / // / / / / / / / / / / / / / / / / | April 21, 2005 | | | | | |
| Signature | Date | | | | | |
| Burton A. Amernick | C | (202) 331-7111 | | | | |
| Typed or printed name | Telephone Number | | | | | |
| NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more | | | | | | |
| then one signature to required, see below. | | | | | | |
| Total of1 forms are submit | ed. | | | | | |